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Tc:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 : (323)962-8600 Fax Number : (323)962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MOLINA SANCHEZ LANDSCAPING LLC

| Certificate of Status | Û |
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| Certified Copy | 1 |
| Page Count | 06 |
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APR 28 2020

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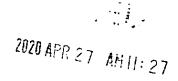
Corporate Filing Menu

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COVER LETTER

| TO: | Registration Sc Division of Cor | | | |
|---------|------------------------------------|---|--|---|
| 417755 | MOLINA : | SANCHEZ LANDSCAPING L | ıc | |
| SUBJE | scr: | Name of Limi | ted Liability Company | · · |
| 77 | oleand Astirlar of | Amendment and fee(s) are subt | nitted for filing | |
| | | ondence concerning this matter t | | |
| | | Cheyenne Moseley | | |
| | | | Name of Person | |
| | | Legalzoom.com, Inc. | | |
| | | | Firm/Company | |
| | | 101 N Brand Blvd 11th Fl | | |
| | | · | Address | |
| | | Glendale, CA 91203 | | |
| | | | City/State and Zip Code | |
| | | molinasanchezlandscaping@ | - | |
| | | | o be used for future annual report n | ntification) |
| For fur | ther information e | oncerning this matter, please cu | II; | |
| Cheye | nne Moseley | | 800 773-0888 at () | |
| | Name o | f Person | Area Code Dayı | ime Telephone Number |
| Enclose | ed is a check for th | ne following amount: | | |
| □ \$2; | 5.00 Filing Fee | © \$30.00 Filing Fee & Certificate of Status | \$55,00 Filing Fee & Cortified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Registr Divisio P.O. Ho | ING ADDRESS: ation Section of Corporations ox 6327 usee, FL 32314 | STREET/COUR Registration Sec Division of Corp Clifton Building 2661 Executive (Tallahassee, Fl.) | surations Center Circle |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



| MOLINA SANCHEZ LANDSCAPING LL | .c | . · · · · · · · · · · · · · · · · · · · |
|--|--|---|
| (Name of the Limited Liabil) (A Florid | liv Company as it now appears on our records.) la Limited Liability Company) | |
| The Articles of Organization for this Limited Liability (Florida document number L20000053211 | | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lim | nited liability company here: | |
| The new name must be distinguishable and contain the words "Lir | mited Liability Company," the designation "L.I.C" (| or the abbreviation "1,.1,.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADD | RESS) | |
| Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| If amending the registered agent and/or registered agent and/or the new registered office adores | | enter the name of the |
| Name of New Registered Agent: | | · · · · · · · · · · · · · · · · · · · |
| New Registered Office Address: | Enter Florida street address | |
| | | : |
| | , Flor | Zip Code |

New Registered Agent's Signature, If changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

| If amending Authorized Person(s) authorized to manage, | enter the title, name, and address of each person | being added |
|--|---|-------------|
| or removed from our records: | 2020 APR 27 AMIL: 27 | |
| MGR = Manager AMBR = Authorized Member | KITH. 21 | |
| With to a summing the suffittion | | |

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|--------------|-------------------|---|----------------|
| <u>Title</u> | Name | Address | Type of Action |
| AMBR | Amy Lyan Touchton | 1072 Lillian St. Venice, Florida 34285 | |
| | | | O Remove |
| | | | ☐ Change |
| AMBR | LYNN A TOUCHTON | | Add |
| | | 1072 LILLIAN ST. VENICE, FL 34285 | Remove |
| | | | ☐ Change |
| | | | Add |
| | | | ☐ Remove |
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Page 2 of 3

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| ve date, if other than the date of filin scrive date is listed, the date must be specific an If the date inserted in this block does not t | ng: (optional) d cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 meet the applicable statutory filing requirements, this date will not be list |
| ent's effective date on the Department of | State's records. |
| ord specifies a delayed effective of 90th day after the record is filed. | date, but not an effective time, at 12:01 a.m. on the earl |
| april 23 | 2020 |
| Signature and | prember & with rized representative of a momber |
| | , |
| Amy Lynn Touchton | |

Page 3 of 3
Filing Fee: \$25.00